



DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT PROCEDURES FOR SCREENING VETERANS, AND REFERRING VETERANS TO THE U.S. DEPARTMENT OF VETERANS AFFAIRS	POLICY NO. 401.4	EFFECTIVE DATE 4/1/91	PAGE 1 of 2
APPROVED BY: Original signed by: ROBERTO QUIROZ Director	SUPERSEDES N/A	ORIGINAL ISSUE DATE 4/1/91	DISTRIBUTION LEVEL(S) 1, 3

PURPOSE

- 1.1 To establish policy and procedures for screening veterans and for referring veterans to the U.S. Department of Veterans Affairs (VA).
- 1.2 To comply fully with the policies and procedures of the VA in the treatment and handling of veterans.

BACKGROUND

- 2.1 The VA has certain established policies and procedures for the handling and treatment of veterans. The VA BASIC POLICY calls "For all veterans who seek care at VA expense, including those with special eligibilities, to obtain such care at VA facilities." In a few exceptional instances, such as emergency care, DMH may treat veterans and bill the VA. (VA Booklet, "FEE ADMINISTRATION SERVICES".)

POLICY

- 3.1 DMH financial screening staff will determine if a client has VA eligibility. If so, the client will be referred to the nearest appropriate VA facility for care, unless unusual circumstances will allow DMH to treat the client and bill the VA for cost of care.

PROCEDURE

- 4.1 Determine if client is a veteran:
 - 4.1.1 During client interview
 - 4.1.2 From relative/responsible person interview
 - 4.1.3 From income sources (VA pension)
- 4.2 All veterans are to be referred to the VA (see Attachment I for list of VA facilities and phone numbers), with the following exceptions:



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4.2.1 Emergency care (See 4.3)

4.2.2 Forensic inpatient care (See 4.4)

4.2.3 Fee Basis Arrangement eligible (See 4.5)

4.3 Emergency Care Reimbursement:

4.3.1 Contact the VA at (213) 894-3898. Be prepared to provide client's name, SSN, and any other Veteran Affairs related information available. (A recorder will take after-hours, weekend, and holiday calls.)

4.3.2 Veterans must be transferred to a VA facility as soon as medically prudent to transport.

4.3.3 Contact the Revenue Management Division for billing instructions specific to incident.

4.4 Forensic Inpatient Reimbursement:

4.4.1 Contact VA at (213) 894-3898. Be prepared to provide client's name, SSN, and any other Veteran Affairs related information available. (A recorder will take after-hours, weekend, and holiday calls.)

4.4.2 Contact the Revenue Management Division for billing instructions specific to incident.

4.5 Fee Basis Arrangement Reimbursement:

4.5.1 In special circumstances, the VA issues a Fee Basis Identification Card to veterans. The VA will reimburse agencies providing treatment to such veterans. See Attachment II for details.

VETERANS AFFAIRS FACILITIES**INPATIENT/OUTPATIENT:**

Wadsworth VA Hospital Center Wilshire and Sawtelle Boulevard Brentwood, CA 90024	(310) 478-3711
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Sepulveda VA Hospital 16111 Plummer Avenue Sepulveda, CA 91343	(818) 891-7711
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Long Beach VA Hospital 5901 East Seventh Street Long Beach, CA 90815	(562) 494-2611
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OUTPATIENT:

VA Downtown Center 425 South Hill Street Los Angeles, CA 90013	(213) 894-4075
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VA BENEFITS INFORMATION AND ASSISTANCE

From Inglewood	Call (310) 645-5420
From La Crescenta	Call (626) 248-0450
From Los Angeles	Call (213) 879-1303
From Malibu	Call (310) 451-0672
From San Fernando	Call (818) 997-6401
From San Pedro	Call (310) 833-5241
From Santa Monica	Call (310) 479-4011
From West Los Angeles	Call (310) 479-4011
From Sierra Madre	Call (626) 355-3305
From Whittier	Call (626) 945-3841

FEE BASIS IDENTIFICATION CARD

The card contains the basic identifying information needed to bill the VA for services provided.

An expiration date will not be shown on the Fee Basis ID Card; however, a specific validity period for each authorization based on each veteran's eligibility status and on the nature of the condition for which Fee Basis Care is to be provided will be contained in the veteran's Outpatient Treatment Folder. The validity period will not exceed a period of 36 months. The veteran will be evaluated prior to expiration of the validity date to determine the need to continue on a Fee Basis status.

Routine medical services may not exceed \$75 per month unless prior authorization is granted by the authorizing physician. Care is limited to treatment of specific disabilities listed on the Identification Card. When unusual services are indicated and it is anticipated that they will exceed the \$75 monthly limitation, authorization must be requested in advance from the VA. The VA Consultant Physician will either authorize the services or recommend that the veteran obtain the procedures at a VA facility.

When treatment is obtained without advance authorization due to the need for emergent or prompt medical service, fee basis authority may be granted when notification is made to the Fee Basis Section within fifteen (15) days of the initial date of emergent care. Justification will be determined by the VA Physician. Non-VA Outpatient emergent care not reported to the Fee Basis Section within fifteen (15) days may be submitted for payment consideration as an unauthorized claim.

BILLING STATEMENTS

A claim, together with necessary supporting documents, should be sent to the Los Angeles VA Outpatient Clinic, Attn: 136B2V, 425 South Hill Street, Los Angeles, CA 90013. If a billing is for pre-authorized services in excess of routine \$75 monthly limitation, a summary of treatment must accompany the billing.

Providers of services should bill the VA in the manner in which they usually bill their patients. Invoice must include: the veteran's name and social security number, the provider's tax identification number; the condition treated; treatment and dates of service; the fee participant's usual and customary fee. Special forms will not be provided for this purpose. If a billing is for authorized inpatient hospital treatment, a discharge summary must accompany the bill.